

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

University Hospitals Health System, Inc.
c/o ACFB INCORPORATED
Statutory Agent
200 Public Square, Ste.2300
Cleveland Ohio, 44114



9590 9402 5096 9092 4794 73

2. Article Number (Transfer from commercial label)
7018 1130 0001 9212 1182

A. Signature

X Duane Dupuch ☐ Agent
☐ Addressee

B. Received by (Printed Name)

D Dupuch

C. Date of Delivery

7/22/19

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☒ Certified Mail Restricted Delivery
- ☐ Collect on Delivery

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☒ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

☐ Collect on Delivery Restricted Delivery
Mail Restricted Delivery
(over \$500)

19-CV-01546

Domestic Return Receipt

USPS TRACKING #

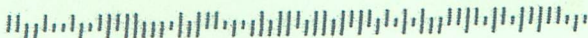


9590 9402 5096 9092 4794 73

United States
Postal Service

Northern District of Ohio
Eastern Division
801 West Superior Avenue
Cleveland, Ohio 44113
ATTN: CLERK OF COURTS

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



- SENDER: COMPLETE THIS SECTION
- Complete items 1, 2, and 3.
 - Print your name and address on the reverse so that we can return the card to you.
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1. Article Addressed to:

Karen Hess
45 W. Juniper Lane
Moreland Hills, Ohio 44022



9590 9402 5096 9092 4794 66

2. Article Number (Transit)

7018 1130 0001 9212 1199

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Jocelyn Prince* ☒ Agent ☐ Addressee

B. Received by (Printed Name)

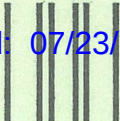
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Signature Confirmation Restricted Delivery

USPS TRACKING #



First Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5096 9092 4794 66

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